



Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

July 18, 2008

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of U-Stop Convenience Shop, 110 West Fletcher requesting a class D liquor license.

This location was previously known as Minute Mart which held a liquor license

U-Stop has requested that Douglas Larkins be approved as the manager of the liquor license.

Background information on the applicant will be omitted as Mr. Larkins has been approved as a liquor license manager previously by the Council.

Mr. Larkins is current on the required training.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police

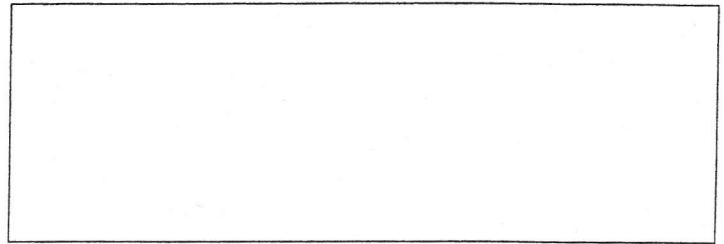


A nationally accredited law enforcement agency



## APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov/



### CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S)

#### RETAIL LICENSE(S)

- |                                     |   |   |         |
|-------------------------------------|---|---|---------|
| <input type="checkbox"/>            | A | BEER, ON SALE ONLY                            | \$45.00 |
| <input type="checkbox"/>            | B | BEER, OFF SALE ONLY                           | \$45.00 |
| <input type="checkbox"/>            | C | BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE | \$45.00 |
| <input checked="" type="checkbox"/> | D | BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY | \$45.00 |
| <input type="checkbox"/>            | I | BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY  | \$45.00 |

Class K Catering license may be added to any of these classes with the filing of the appropriate form and fee of \$100.00

#### MISCELLANEOUS

- |                          |   |                          |                        |                       |
|--------------------------|---|--------------------------|------------------------|-----------------------|
| <input type="checkbox"/> | L | Craft Brewery (Brew Pub) | \$295.00               | \$1,000 minimum bond  |
| <input type="checkbox"/> | O | Boat                     | \$ 95.00               |                       |
| <input type="checkbox"/> | V | Manufacturer             | \$ 45.00(+license fee) | \$10,000 minimum bond |
| <input type="checkbox"/> | W | Wholesale Beer           | \$545.00               | \$5,000 minimum bond  |
| <input type="checkbox"/> | X | Wholesale Liquor         | \$795.00               | \$5,000 minimum bond  |
| <input type="checkbox"/> | Y | Farm Winery              | \$295.00               | \$1,000 minimum bond  |
| <input type="checkbox"/> | Z | Micro Distillery         | \$295.00               | \$1,000 minimum bond  |

All Class C licenses expire October 31<sup>st</sup>

All other licenses expire April 30<sup>th</sup>

Catering expire same as underlying retail license

### TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- ☐ Individual License (requires insert form 1)  
☐ Partnership License (requires insert form 2)  
☒ Corporate License (requires insert form 3a & 3c)  
☐ Limited Liability Company (requires form 3b & 3c)

### NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(commission will call this person with any questions we may have on this application)

Name Teresa LaFave

Phone number: 402-435-3509

Firm Name Whitehead Oil Company

**PREMISE INFORMATION**

Trade Name (doing business as) U-Stop Convenience Shop

Street Address #1 110 West Fletcher Ave. Ste. 101

Street Address #2 \_\_\_\_\_

City Lincoln

County Lancaster

Zip Code 68521

Premise Telephone number 402-438-7878

Is this location inside the city/village corporate limits:



YES



NO

Mail address (where you want receipt of mail from the commission)

Name Whitehead Oil Company

Street Address

#1 2537 Randolph St.

Street Address

#2 \_\_\_\_\_

City Lincoln

County Lancaster

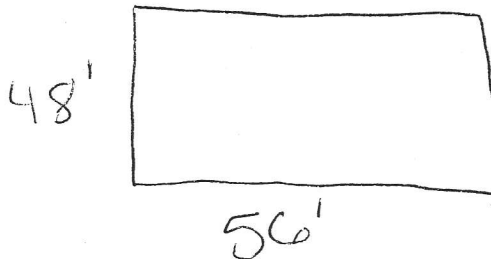
Zip Code 68503

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

~~See Attached~~

one story  
approx



## APPLICANT INFORMATION

### 1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

2. Are you buying the business and/or assets of a licensee?

☐ YES ☒ NO

If yes, give name of business and license number \_\_\_\_\_

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

**This agreement is not effective until you receive your three (3) digit ID number from the Commission.**

4. Are you borrowing any money from any source to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender \_\_\_\_\_

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application. \_\_\_\_\_

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such items and the owner. \_\_\_\_\_

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain. \_\_\_\_\_

**No silent partners**

8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

Union Bank & Trust Mark A. Whitehead & Alan A. Makovicka

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

See Attached

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations. Doug Larkins

13. List the training and/or experience (when and where) of the person lists in #12 above in connection with selling and/or serving alcoholic beverages. Responsible hospitality classes

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☒ Lease: expiration date

☐ Deed

☐ Purchase Agreement

15. When do you intend to open for business? July 2008

16. What will be the main nature of business? Convenience store with gas

17. What are the anticipated hours of operation? 5:30 am - 12 am

18. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR FROM TO		SPOUSE: CITY & STATE	YEAR FROM TO	
Mark A. Whitehead;Lincoln, NE	79	08	Christian Whitehead;Lincoln, Ne	94	08
Lesley Jagers;Tulsa, OK	94	04	Kent Jagers;Tulsa, OK	94	04
Lesley Jagers;Lincoln, NE	04	08	Kent Jagers;Lincoln, NE	04	08
Sydney Uthoff	98	08	Steve Uthoff	98	08

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

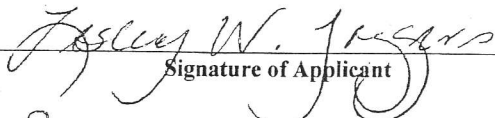
Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.



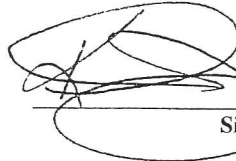
Signature of Applicant



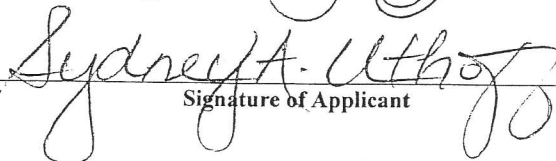
Signature of Spouse



Signature of Applicant



Signature of Spouse



Signature of Applicant



Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

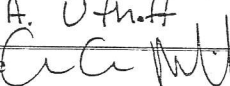
Signature of Spouse

State of Nebraska

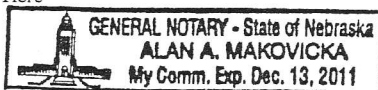
County of Lancaster

The foregoing instrument was acknowledged before me this 9<sup>th</sup> day of July, 2008 by

Mark A. Whithead, Lesley W. Jagers  
and Sydney A. Uthoff

Notary Public signature 

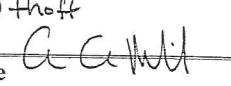
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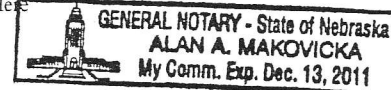
County of Lancaster

The foregoing instrument was acknowledged before me this 9<sup>th</sup> day of July 2008 by

Christian A. Whithead, Kent Jagers and  
Stephen J. Uthoff

Notary Public signature 

Affix Seal Here



<b>ADDRESS</b>	<b>LICENSE NUMBER</b>
240 N. 17 <sup>th</sup> Street Lincoln Ne	B 18518
8231 East "O" Street Lincoln Ne	B 44565
942 S. 27 <sup>th</sup> Street Lincoln Ne	B 20039
5600 S. 56 <sup>th</sup> Street Lincoln Ne	B 20040
1421 Centerpark Road Lincoln Ne	D 30972
3244 Cornhusker Hwy Lincoln Ne	D 30676
2925 NW 12 <sup>th</sup> Lincoln Ne	D 44186
6801 Wildcat Drive Lincoln Ne	D 45418
502 Hwy 6 Ashland Ne	D 50125
2700 Porter Ridge Rd Lincoln Ne	D 54106
7100 Pioneers Blvd Lincoln Ne	D 55446
610 S. 10 <sup>th</sup> Lincoln Ne	B 18519
6600 N. 84 <sup>th</sup> St. Lincoln Ne	D 32480
3280 Superior St. Lincoln, NE	D 72086
110 West "O" St. Lincoln, NE	D 80208
18940 S. 68 <sup>th</sup> St. Hickman, NE	D 78760

**APPLICATION FOR LIQUOR LICENSE  
CORPORATION  
INSERT - FORM 3a**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

**RECEIVED**

**JUL 11 2008**

NEBRASKA LIQUOR  
CONTROL COMMISSION

Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Mark A. Whitehead

Name of Corporation that will hold license as listed on the Articles

Whitehead Oil Company

Corporation Address: 2537 Randolph St.

City: Lincoln State: NE Zip Code: 68510

Corporation Phone Number: 402-435-3509 Fax Number 402-435-5881

Total Number of Corporation Shares Issued: Mark A. Whitehead 52%

Name and notarized signature of president (Information of president must be listed on following page)

Last Name: Whitehead First Name: Mark MI: A.

Home Address: 4605 South 98th Street City: Lincoln

State: NE Zip Code: 68526 Home Phone Number: 402-488-8578

*Mark A. Whitehead*

Signature of president

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

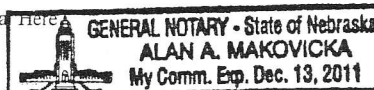
9<sup>th</sup> day of July, 2008  
date

by MARK A. Whitehead  
name of person acknowledged

*Alan A. Makovicka*

Notary Public signature

Affix Seal Here





List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

Last Name: Whitehead First Name: Mark MI: A.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: President Number of Shares 520

Spouse Full Name (indicate N/A if single): Christian A. Whitehead

Spouse Social Security Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Last Name: Jaggers First Name: Lesley MI: W.

Social Security Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: Treasurer Number of Shares 240

Spouse Full Name (indicate N/A if single): Kent Jaggers

Spouse Social Security Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Last Name: Uthoff First Name: Sydney MI: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: Secretary Number of Shares 240

Spouse Full Name (indicate N/A if single): Steve Uthoff

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Is the applying Corporation controlled by another Corporation?

☐ YES

☒ NO

If yes, provide the name of corporation and supply an organizational chart

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Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: January Ending Date: December

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Is this a Non-Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

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**MANAGER APPLICATION  
INSERT - FORM 3c**

Office Use

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 – 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

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Corporation/LLC information

Name of Corporation/LLC: Whitehead Oil Company

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Premise information

Premise License Number: Applying now

Premise Trade Name/DBA: U-Stop Convenience Shop

Premise Street Address: 110 West Fletcher Ave. Ste. 101

City: Lincoln State: NE Zip Code: 68521

Premise Phone Number: 402-438-7878

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The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.



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CORPORATE OFFICER SIGNATURE  
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: Larkins First Name: Douglas MI: W

Home Address (include PO Box if applicable): 4436 Witherbee Blvd.

City: Lincoln State: NE Zip Code: 68510

Home Phone Number: 402-438-1940 Business Phone Number: 402-477-9892

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: Lincoln, NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES ☐ NO

Spouse's information

Spouses Last Name: Larkins First Name: Karen  
MI: E.

Social Security Number: \_\_\_\_\_ Drivers License Number & State \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: Inglewood, CA

**APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS**

**APPLICANT**

**SPOUSE**

CITY & STATE		YEAR FROM TO		CITY & STATE		YEAR FROM TO	
Lincoln, NE		4/79	7/08	Lincoln, NE		4/79	7/08

**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
4/06	7/08	Whitehead Oil Company	Brian Makovicka	402-540-3466
12/04	3/06	Coremark International	Ed Schwacke	1-800-333-7879

Manager and spouse must review and answer the questions below  
PLEASE PRINT CLEARLY

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES

☒ NO

If yes, please explain below or attach a separate page.

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2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☒ YES

☐ NO

D30676 3244 Cornhusker Hwy

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the Nebraska State Patrol for \$38.00 per person)

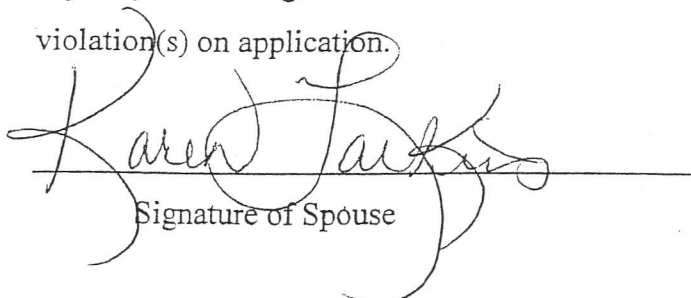
☒ YES

☐ NO

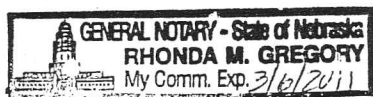
on file

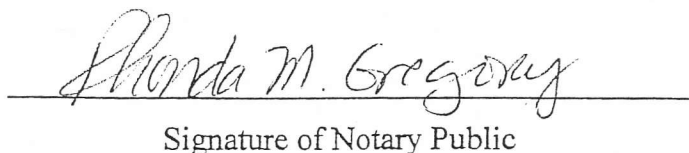
NEBRASKA LIQUOR CONTROL COMMISSION  
AFFIDAVIT OF NON PARTICIPATION

The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53-125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. Undersigned will also be waived of filing fingerprint cards, however, has disclosed any violation(s) on application.

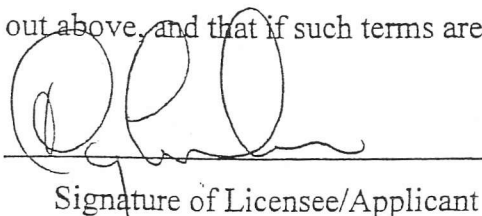
  
Signature of Spouse

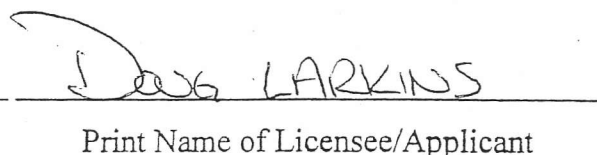
SUBSCRIBED in my presence and sworn to before me this 9<sup>th</sup> day of  
July, 2008.



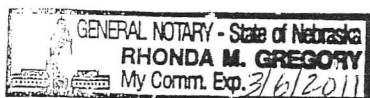
  
Signature of Notary Public

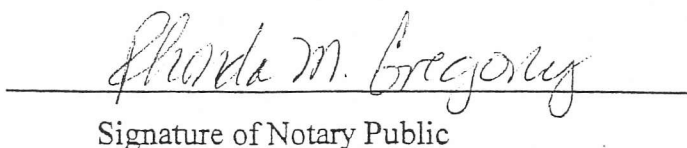
The licensee/applicant understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

  
Signature of Licensee/Applicant

  
Print Name of Licensee/Applicant

SUBSCRIBED in my presence and sworn to before me this 9<sup>th</sup> day of  
July, 2008.



  
Signature of Notary Public

STATE OF NEBRASKA  
DEPARTMENT OF HEALTH  
Bureau of Vital Statistics  
CERTIFICATE OF LIVE BIRTH BIRTH NO. 126.....

58 004363

1. PLACE OF BIRTH a. COUNTY <b>Lancaster</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Nebr.</b> b. COUNTY <b>Lancaster</b>	
b. CITY (If outside corporate limits, write RURAL) OR TOWN <b>Lincoln</b>		c. CITY (If outside corporate limits, write RURAL) OR TOWN <b>Lincoln</b>	
c. FULL NAME OF (If NOT in hospital or institution, give street HOSPITAL OR address or location) INSTITUTION <b>Bryan Memorial Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>3529 Apple</b>	
3. CHILD'S NAME (Type or print) a. (First) <b>Douglas</b>		b. (Middle) <b>Wayne</b> c. (Last) <b>Larkins</b>	
4. SEX <b>Male</b>	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. If TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE (Month) (Day) (Year) OF BIRTH
FATHER OF CHILD <b>L-625</b>			
7. FULL NAME a. (First) <b>Gary</b>		b. (Middle) <b>Wayne</b> c. (Last) <b>Larkins</b>	
8. COLOR OR RACE <b>White</b>			
9. AGE (At time of this birth) <b>20 Yrs.</b>	10. BIRTHPLACE (City, town, or county) (State or foreign country) <b>Concordia, Kansas</b>	11a. USUAL OCCUPATION <b>Employee</b>	11b. KIND OF BUSINESS OR INDUSTRY <b>C. B. &amp; Q.</b>
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) <b>Joyce</b>		b. (Middle) <b>Janette</b> c. (Last) <b>Stafford</b>	
13. COLOR OR RACE <b>White</b>			
14. AGE (At time of this birth) <b>20 Yrs.</b>	15. BIRTHPLACE (City, town or county) (State or foreign country) <b>Morrowville, Kansas</b>	16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? <b>0</b> b. How many OTHER children were born alive but are now dead? <b>0</b> c. How many children were stillborn (born dead after 20 weeks pregnancy?) <b>0</b>	
17. INFORMANT'S SIGNATURE OR NAME—Relationship <b>Mrs. Joyce J. Larkins (Mother)</b>			
18a. SIGNATURE <i>Joyce J. Larkins</i>		18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)	
18c. ADDRESS		19. MOTHER'S MAILING ADDRESS <b>3529 Apple Lincoln, Nebr.</b>	
20. DATE REC'D BY LOCAL REG. <b>FEB 20 1958</b>		21. REGISTRAR'S SIGNATURE <i>Lyndean</i>	

THIS CERTIFIES THE ABOVE TO BE A TRUE COPY OF AN ORIGINAL  
CERTIFICATE ON FILE WITH THE STATE DEPARTMENT OF HEALTH,  
BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY  
FOR VITAL RECORDS.

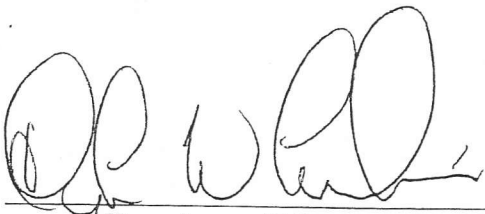
*Fred Heis*  
DIRECTOR OF VITAL STATISTICS AND ASSISTANT STATE REGISTRAR  
LINCOLN, NEBRASKA Issued August 22, 1969

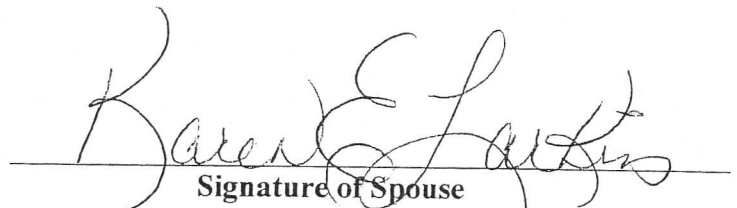
## PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

  
\_\_\_\_\_  
Signature of Manager Applicant

  
\_\_\_\_\_  
Signature of Spouse

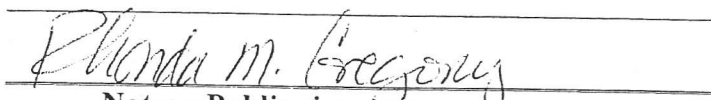
State of Nebraska

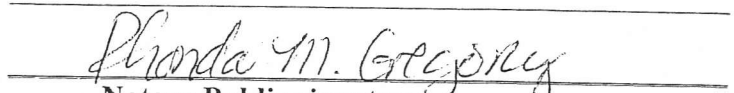
County of Lancaster

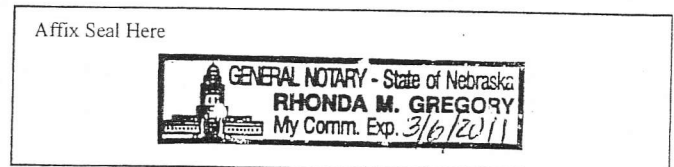
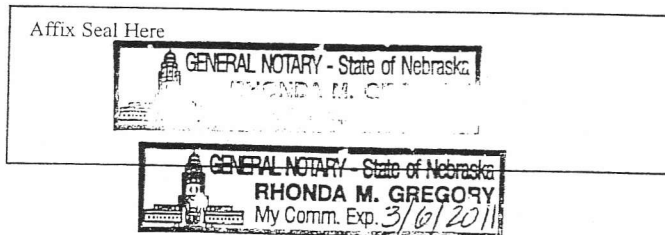
The foregoing instrument was acknowledged before me this 7/9/08 by

County of Lancaster

The foregoing instrument was acknowledged before me this 7/9/08 by

  
\_\_\_\_\_  
Notary Public signature

  
\_\_\_\_\_  
Notary Public signature



In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.



STATE OF

NEBRASKA

United States of America,  
State of Nebraska } ss.



Department of State  
Lincoln, Nebraska

I, Scott Moore, Secretary of State of Nebraska do hereby certify;

the attached is a true and correct copy of Articles of Incorporation of

WHITEHEAD OIL COMPANY

with its registered office located in LINCOLN, Nebraska, as filed in  
this office on April 14, 1989.

In Testimony Whereof,

I have hereunto set my hand and  
affixed the Great Seal of the State  
of Nebraska on January 13, in the  
year of our Lord, two thousand.



SECRETARY OF STATE